



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

Approved
3/31/2009

PRIORITIES AND PLANNING (P&P) AND STANDARDS OF CARE (SOC) COMMITTEES MEETING MINUTES

February 24, 2009

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeff Goodman, <i>P&P Co-Chair</i>	Fariba Younai, <i>SOC Co-Chair</i>	Lawrence Fernandez	Juhua Wu	Jane Nachazel
Angélica Palmeros, <i>SOC Co-Chair</i>	Anthony Bongiorno, <i>SOC</i>	Susan Forrest		Glenda Pinney
Kathy Watt, <i>P&P Co-Chair</i>	Robert Butler, <i>P&P</i>	Miguel Martinez		Doris Reed
Jim Chud, <i>P&P</i>	Sharon Chamberlain, <i>SOC</i>	Rich Mathias		Craig Vincent-Jones
Douglas Frye, <i>P&P</i>	Eric Daar, <i>P&P</i>	Celia Peña		
Terry Goddard, <i>SOC</i>	Marc Davis, <i>SOC</i>	Steven Reigns		
Joanne Granai, <i>P&P</i>	Maxine Franklin, <i>SOC</i>	Ruth Slaughter		
Bradley Land, <i>P&P/SOC</i>	David Giugni, <i>SOC</i>			
Anna Long, <i>P&P</i>	Michael Green, <i>P&P</i>			
Quentin O'Brien, <i>P&P</i>				
Jennifer O'Malley, <i>SOC</i>				
Everardo Orozco, <i>SOC</i>				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) and Standards of Care Committees Meeting Agenda, 2/24/2009
- 2) **Minutes:** P&P Committee Meeting Minutes, 1/27/2009
- 3) **List:** P&P Committee Meeting Locations, 1/29/2009
- 4) **Assignment:** Hospice Services Needs Assessment, 2/11/2009
- 5) **Presentation:** FY 2010 Priority- and Allocation-Setting Process: Paradigms and Operating Values, 2/24/2009
- 6) **Summary:** Funding Scenarios for 2007 to 2009, 2/24/2009
- 7) **List:** Questions for Fiscal Year 2010 Priority- and Allocation-Setting Provider Forums, 2/19/2009
- 8) **Memorandum:** MAI First-Year Carry-Over Funds Reallocation, 2/12/2009
- 9) **Assignment:** Minority AIDS Initiative (MAI) Carry-Over Funds Recommendation, 1/27/2009
- 10) **Assignment:** Minority AIDS Initiative (MAI) Focus Groups, 2/10/2009
- 11) **Assignment:** 2010 – 2013 Minority AIDS Initiative (MAI) Plan, 2/10/2009
- 12) **Spreadsheet:** Year 18 Ryan White Part A & B Expenditures by Service Category, 12/31/2008
- 13) **Summary Key:** Year 18 Ryan White Part A & B Expenditures by Service Category
- 14) **Memorandum:** "Special Populations" Analyzed from the Los Angeles Coordinated HIV Needs Assessment, 2/3/2009

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:45 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 1/27/2009 P&P Committee Meeting minutes (*Passed by Consensus*).

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4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**
 - Mr. Vincent-Jones reported Richard Espinosa, Health Deputy, District #4, requested a review of Hospice trends. The service was previously combined with Skilled Nursing Services, which was identified as a high need about four years ago. Hospice was not identified as a high priority and funds were not allocated to it last year. There has, however, been some indication that need is again rising which would be consistent with the longevity and aging of the population.
 - Mr. Goddard added that Residential Care Facilities for the Chronically Ill (RCFCIs) should also be surveyed, as it is also hard to place PLWH/A in those facilities.
 - ➡ Survey Hospice service need from LACHNA and utilization by Medical Outpatient providers, hospital discharge planners, and home health case managers, and report back. Hospice needs assessment work group to include the following: Mr. Chud, Mr. Goddard, Mr. Goodman, Dr. Long, Ms. O'Malley, Ms. Watt. Survey questions include: 1) What is need? 2) What is the need for hospice as differentiated from skilled nursing? 3) Are services used efficiently and effectively? 4) What is need for HIV-specific Hospice Services?
 - A. **Meeting Dates and Locations:** Mr. Goodman called attention to a schedule in the packet. He noted additional meetings and larger rooms were scheduled to accommodate the Priority- and Allocation-Setting Process.
8. **FY 2010 PRIORITY- AND ALLOCATION-SETTING (P&A):**
 - A. **Paradigms and Operating Values:**
 - Mr. Vincent-Jones presented on paradigms and operating values. Paradigms, the worldview, are grouped by caring or justice. Operating values are codes of conduct for the process.
 - Paradigms of equity (relatively equal distribution with attention to severe need) and utilitarianism (the greatest good for the greatest number) were selected all three of the past years. The third paradigm selected varied with retributive justice in 2007, compassion in 2008, and nuanced inclusiveness in 2009, but all focus in general on attending to those most in need.
 - Operating values of access (ensuring stakeholder participation) and efficiency (achieving optimal outcomes with minimal resources) were selected all three years. Quality was selected the last two years. Beneficence (the greatest good) was also selected in 2007. Representation (in the decision-making process) was selected in 2008.
 - ➡ Agreed to confirm recommendation to continue use of the 2009 paradigms of equity, nuanced inclusiveness, and utilitarianism; and operating values of access, efficiency, quality and representation. A quick reference sheet of choices will be provided for P&A meetings going forward.
 - B. **Funding Scenarios:**
 - Mr. Vincent-Jones noted the Ryan White application asks for contingency plans. Scenarios were implemented in 2007 to facilitate allocation review after award receipt. They are especially helpful since allocations are done a year in advance to accommodate the RFP process and the award may be substantially more or less than expected.
 - HRSA has notified grantees that they will be awarded 40% of last year's grant with the rest to be determined after approval of the appropriations bill expected in about four months. Feedback to the application has been good.
 - Several people underscored the turbulence of the last few years with economic stresses plus the new 75%/25% service core medical services threshold, a new MAI process, and bifurcated awards. Pre-implementation review of allocations seemed inevitable.
 - MOTION #3: (Frye/O'Brien):** Allocations constitute the contractual strategy for the administrative agency but, due to the rapidly changing economic climate, the Committee will reconvene to review allocations if there are any changes to the funding award (*Passed by Consensus*).
 - C. **Provider Forums:**
 - Forums are now being planned in Service Planning Areas (SPAs) 4, 5, 8 and 3 combined with 7. Efforts to contact SPA 6 to plan a separate forum have been unsuccessful, but it might be combined with 5.
 - Any SPA can choose to participate if forums are held by the end of March so input is available to complete allocations by May. Data changes little from year to year, so those SPAs not participating will be represented by prior years' data.
 - ➡ Ms. Slaughter agreed to follow-up with SPA 6 and Ms. Granai with SPA 1.

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D. Timeline:

- Mr. Vincent-Jones said that OAPP had agreed that it would provide YR 17 service utilization data by the end of February to combine it with needs assessment data into a Service Utilization and Needs Assessment Report (SUNAR) narrative.
- In contrast to earlier years, Ms. Wu said OAPP was initiating an annual Service Utilization Report rather than provide raw data to improve accessibility. Unfortunately, that process would delay sending the service utilization data to the Commission.
- ➡ Ms. Wu agreed to provide a draft SUR by March 16th so Ms. Pinney can begin work on the SUNAR.
- ➡ It was agreed not to hold a March 24th meeting, but to hold a March 31st meeting for general P&P work, and an April 7th meeting to resume P-and-A work.

9. MINORITY AIDS INITIATIVE (MAI):

- Mr. Vincent-Jones reported that in accordance with the 11/2/2007 vote of the Commission to use any excess funds first for MAI service categories, the Subcommittee agreed that applying the \$1.1 million in carry-over funds from the MAI Year 1 to Oral Health one-time and/or advanced laboratory tests and procedures was consistent with the Commission's earlier policy.
- The Subcommittee will review implementation preparatory to development of the next plan, e.g., outcome achievement, and addressing capacity and barriers. The Subcommittee has requested focus groups and staff is arranging two for consumers and one for providers.
- ➡ Consumer Caucus members are asked to help recruit participants for the consumer focus groups.

10. FY 2009 PRIORITY- AND ALLOCATION-SETTING:

- Mr. Vincent-Jones said that, due uncertainty and recent OAPP submission of contracts to the Board that do not expend the Benefits Specialty allocation, it may be necessary for P&P to review allocations.
- Mr. Mathias said there was a Case Management meeting concurrent that day that would discuss Benefits Specialty services.
- Ms. Wu said the application includes a Benefits Specialty allocation, so it will be addressed in the HRSA March report.
- ➡ OAPP will report at the March 31st Committee meeting on Benefits Specialty implementation.

11. **FY 2008 EXPENDITURE REPORTS:** The report was postponed.

12. **SPECIAL POPULATIONS:** The item was postponed.

13. **WORK PLAN:** The item was postponed.

14. **2009 COMPREHENSIVE CARE PLAN (CCP):** The item was postponed.

15. SERVICE PROVIDER NETWORKS:

- ➡ Agreed to change the agenda item to "Service Planning Area Reports."

16. **GEOGRAPHIC ESTIMATE OF NEED REPORT:** The item was postponed.

17. **OTHER STREAMS OF FUNDING:** The item was postponed.

18. **STANDING SUBCOMMITTEES:** The item was postponed.

19. **COMMITTEE WORK PLAN UPDATE:** There were no reports.

20. **NEXT STEPS:** The item was postponed.

21. **ANNOUNCEMENTS:** There were no announcements.

22. **ADJOURNMENT:** The meeting was adjourned at 4:30 pm.